### DEVELOPMENTAL Missouri Department of Mental Health DISABILITIES

#### DIVISION OF DEVELOPMENTAL DISABILITIES

January 2015

#### TABLE OF CONTENTS

**ASSURING LEGAL RIGHTS: 3-9** 

ASSURING AND PROMOTING GOOD HEALTH: 9-14

ASSURING INDIVIDUAL SAFETY: 15-20

**GENERAL PROGRAM PROCEDURES: 21** 

**INSTRUMENT ADDENDUM LINKS: 22-24** 

	3.2 ASSURING LEGAL RIGHTS		
Code of State	Certification Principle	Criteria	
Regulations			
9CSR 45-5.010 (3) (C) 2. A.	on the rights and responsibilities of citizenship.	<ul> <li>Provider has a document signed and dated by the individual and/or guardian showing that the individual has been informed annually of his or her rights. Sections 630.110 and 630.115 RSMo</li> </ul>	
9CSR 45-5.010 (3) (C) 2. B.	Individuals are involved in any process to limit their rights and are assisted through external advocacy efforts.	<ul> <li>Provider has available for review, a signed and dated document that the individual and/or guardian has been involved with the decision to limit his or her rights.</li> <li>If rights have been limited, there is documentation that the individual was supported in securing information about possible external advocates. There is documentation that a limitation or restriction was reviewed by a Human Rights Committee. Section 630.115 RSMo</li> </ul>	
9CSR 45-5.010 (3) (C) 2. C.	Individuals are entitled to due process when limitations are imposed.	<ul> <li>There is an agency policy regarding due process when there are limitations of rights.</li> <li>This policy includes the right to an appeal, the appeal process and external advocates.</li> <li>Each individual has a signed plan of action in or as an addendum to the Individual Support Plan (ISP) that details, with timelines, how the individual's rights may be restored.</li> <li>The contractor may limit consumer rights as specified in RSMo 630.110 only if exercising these rights would be inconsistent with the persons therapeutic care, treatment, habilitation or rehabilitation. The determination of inconsistency shall be made only when the consumer is a clear danger to themselves, others or community property and shall only be made jointly by the contractor and the Regional Office (RO).</li> </ul>	
9CSR 45-5.010 (3) (C) 2. D.	Individuals are free to communicate privately.	<ul> <li>An individual's essential personal right of privacy, dignity and respect, and freedom from coercion is protected. Centers for Medicare and Medicaid Services 42 CFR Part 441.710</li> <li>Individuals are free to have private communication, without fear of retribution; this includes phone calls, mail, social media/e-mail, texting, text telephone (TTY), visitors and housemates.</li> </ul>	

	,	
9CSR 45-5.010 (3) (C) 2. E.	Individuals have freedom of movement.	<ul> <li>The individual is integrated in and is supported in accessing the greater community.</li> <li>The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting.</li> <li>Setting Characteristics: <ul> <li>Each individual has privacy in their sleeping or living unit and choice of roommates in that setting.</li> <li>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</li> <li>Setting is physically accessible to the individual.</li> <li>The setting ensures freedom from restraint.</li> </ul> </li> <li>Centers for Medicare and Medicaid Services 42 CFR Part 441.710</li> </ul>
9CSR 45-5.010 (3) (C) 2. F.	Staff are trained in preventing, detecting, and reporting abuse and neglect.	<ul> <li>All employees (including contracted), adult household members, relief/respite providers and volunteers receive training on preventing, detecting, and reporting abuse/neglect, prior to service delivery and <i>at least biennially</i>.</li> <li>Documentation of this training must be available for review.</li> </ul>
9CSR 45-5.010 (3) (C) 2. G.	Abuse and neglect are prohibited by policy.	<ul> <li>The agency has a written policy that clearly states abuse/neglect is prohibited and must include definitions of abuse and neglect consistent with 9 CSR 10-5.</li> </ul>
9CSR 45-5.010 (3) (C) 2. H.	Research must comply with state and federal regulations.	<ul> <li>The agency has a written policy that clearly states any research must comply with state and federal regulations. Section 630.192 RSMo</li> </ul>

9CSR 45-5.010 (3) (C) 2. I.	Guardians and advocates, chosen by the individual, participate in planning and decision making.	<ul> <li>The person centered planning process is driven by the individual and includes people chosen by the individual.</li> <li>The planning reflects cultural considerations and uses plain language.</li> <li>The planning includes strategies for solving disagreements.</li> <li>The planning offers choices to the individual regarding services and supports the individual receives in the home and from whom they receive those services.</li> <li>The planning provides a method to request updates.</li> <li>The plan is developed annually and occurs at times/locations of convenience to the individual; it is signed and dated by the individual and/or guardian, prior to the implementation of services.</li> <li>A copy of the plan must be provided to the individual, his/her representative and provider. Centers for Medicare and Medicaid Services 42 CFR Part 441.725</li> </ul>
9CSR 45-5.010 (3) (C) 2. J.	Individuals are informed of, or are assisted in the process of obtaining a guardian or conservator, or are referred to advocacy services, or both.	<ul> <li>If the individual is interested in having a guardian or conservator or if it is determined the individual is in need of a guardian, the provider will assist the individual with obtaining information about guardianship and advocacy.</li> </ul>
9CSR 45-5.010 (3) (C) 2. K.	Staff maintain all information about individuals in confidence.	<ul> <li>The provider has agency policies regarding confidentiality of information and has a policy and procedure regarding the Rule of Health Insurance Portability and Accountability Act of 1996 (HIPAA). 9 CSR 10-5.220.</li> <li>Both policies and procedures are reviewed annually. They must be signed and dated by all employees (including contracted), adult household members, relief/respite providers and volunteers.</li> <li>The individual's confidential documents, mail, email, and text telephone (TTY), must be secured.</li> </ul>

9CSR 45-5.010 (3) (C) 2. L.	Individuals have access to their records and staff are available to answer their questions.	<ul> <li>The individual's record is maintained in the service site and is accessible to the individual; this record must contain documentation for at least the previous year. 13 CSR 70-3.210 (4)</li> <li>Staff is knowledgeable about information maintained in the record.</li> <li>The provider will retain individuals' records for at least six years. 13 CSR 70-3.220 (2) (E)</li> <li>All entries in the individual's record will be signed, titled and dated by the person making the entry. 13 CSR 70-3.030 (2) (A)</li> </ul>
9CSR 45-5.010 (3) (C) 2. M.	Individuals do not perform unpaid work for which others receive pay.	<ul> <li>Individuals are provided opportunities to seek employment and work in competitive integrated settings. Centers for Medicare and Medicaid Services 42 CFR Part 441.725.</li> <li>Individuals are not required to work for free or perform activities for which other people would receive pay.</li> <li>Individuals participating in Medicaid Waiver employment services, are supported by staff who have received 14 hours of Division approved classroom training and additional six hours of on the job training.</li> </ul>
9CSR 45-5.010 (3) (C) 2. N.	Individuals' rights to a free, appropriate public education are supported.	<ul> <li>Individuals are provided educational opportunities per Individuals with Disabilities Education Act. (IDEA) PL94-142.</li> <li>Children of school age are receiving educational opportunities.</li> </ul>
9CSR 45-5.010 (3) (C) 2. O.	Individuals have information on the rights and responsibilities of living in the community.	<ul> <li>Individuals are provided opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.</li> <li>The setting options are identified and documented in the person-centered service plans based on the individuals' needs and preferences. Centers for Medicare and Medicaid Services 42 CFR Part 441.725.</li> <li>Participation may be documented in the calendar of events, daily logs and/or other agency maintained documentation.</li> </ul>

#### Individual's rights-limitations

630.110. 1. Except as provided in subsection 5 of this section, each person admitted to a residential facility or day program and each person admitted on a voluntary basis to any mental health facility or mental health program where people are civilly detained pursuant to chapter 632, RSMo; except to the extent that the head of the residential facility or day program determines that it is inconsistent with the person's therapeutic care, treatment, habilitation, or rehabilitation and the safety of other facility or program clients and public safety, shall be entitled to the following:

- (1) To wear his own clothes and to keep use his own personal possessions;
- (2) To keep and be allowed to spend a reasonable sum of his own money for canteen expenses and small purchases;
- (3) To communicate by sealed mail or otherwise with persons including agencies inside or outside the facility;
- (4) To receive visitors of his own choosing at reasonable times;
- (5) To have reasonable access to a telephone both to make and receive confidential calls;
- (6) To have access to his mental and medical records;
- (7) To have opportunities for physical exercise and outdoor recreations;
- (8) To have reasonable, prompt access to current newspapers, magazines and radio and television programming.
- 2. Any limitations imposed by the head of the residential facility or day program or his designee on the exercise of the rights enumerated in the subsection 1 of this section by a patient, resident or client and the reasons for such limitations shall be documented in his clinical record.
- 3. Each patient, resident or client shall have an absolute right to receive visits from his attorney, physician or clergyman, in private, at reasonable times.
- 4. Notwithstanding any limitations authorized under this section on the right of communication, every patient, resident or client shall be entitled to communicate by sealed mail with the department, his legal counsel and with the court, if any, which has jurisdiction over the person.
- 5. Persons committed to a residential facility or day program operated, funded or licensed by the department pursuant to section 552.040 RSMo, shall not be entitled to the rights enumerated in subdivisions (1), (3) and (5) of subsection of 1 of this section unless the head of the residential facility or day program determines that these rights are necessary for the person's therapeutic care, treatment, habilitation, or rehabilitation. In exercising the discretion to grant any of the rights enumerated in subsection 1 of this section to a patient, resident or client, the head of the residential facility or day program shall consider the safety of the public.

#### Individual's entitlements-administrative review of violations

- **630.115** 1. Each patient, resident or client shall be entitled to the following without limitation:
  - (1) To humane care and treatment;
  - (2) To the extent that the facilities, equipment and personnel are available, to medical care and treatment in accordance with the highest standards accepted in medical practice;
  - (3) To safe and sanitary housing;
  - (4) To not participate in non-therapeutic care;
  - (5) To attend or not attend religious services;
  - (6) To receive prompt evaluation and care, treatment, habilitation or rehabilitation about which he is informed insofar as he is capable of understanding;
  - (7) To be treated with dignity as a human being;
  - (8) To not be the subject of experimental research without his prior written and informed consent of that of his parent, if a minor, or his guardian; except that no involuntary patient shall be subject to experimental research, except as provided within this chapter;
  - (9) To decide not to participate or may withdraw from any research at any time for any reason.
  - (10) To have access to consultation with a private physician at his own expense;
  - (11) To be evaluated, treated or habilitated in the least restrictive environment;
  - (12) To not be subject to any hazardous treatment of surgical procedure unless he, his parent, if he is a minor, or his guardian consents; or unless such treatment or surgical procedure is ordered by a court of competent jurisdiction;
  - (13) In the case of hazardous treatment or irreversible surgical procedures, to have, upon request, an impartial review prior to implementation, except in the case of emergency procedures required for the preservation of his life;
  - (14) To a nourishing, well-balanced and varied diet;
  - (15) To be free from verbal and physical abuse.
- 2. Notwithstanding any other sections of this chapter, each patient, resident or client shall have the right to an impartial administrative review of alleged violations of the rights assured under this chapter. The impartial administration review process shall be a mechanism for:
  - (1) Reporting alleged violations of rights assured under this chapter;
  - (2) Investigation alleged violations of these rights;
  - (3) Presenting patient, resident or client grievances on the record to a neutral decision maker; and
  - (4) Requiring that the neutral decision maker issue findings of fact, conclusions and recommendations.
- 3. The impartial administrative review process shall be completed within a timely manner after the alleged violation is reported.
- 4. This impartial review process shall not apply to investigations of alleged patient, resident or client abuse or neglect conducted pursuant to section 630.167.

Revised

January 1, 2015

1. ASSURING AND PROMOTING GOOD HEALTH

#### **SECTION (D) MEETING BASIC NEEDS**

OUTCOME: Individuals maintain good health		
<b>Certification Principle</b>	Criteria/Guidelines	
ndividuals have a primary	• The individual has a physician who is responsible for coordination of medical needs for the	

	Certification Principle	Criteria/Guidelines
9CSR 45-5.010 (3) (D) 1. A.	Individuals have a primary health care provider to meet health care needs.	<ul> <li>The individual has a physician who is responsible for coordination of medical needs for the individual; provide recommendations and follow up as necessary; and provide documentation regarding the health and health care needs of the individual.</li> <li>The primary provider may be an Advanced Practice Nurse (APN) Section 335.011 RSMo and/or a Physician Assistant (PA) Section. 334.735 RSMo</li> </ul>
9CSR 45-5.010 (3) (D) 1. B.	Individuals obtain medical care at intervals recommended for other persons of similar health status.	<ul> <li>Obtain routine medical and preventive medical care at intervals typical for the individual's gender and age.</li> <li>The physician, APN or PA may need to examine the individual more frequently due to acute/chronic conditions, prescribe medications, or for follow-up, lab work, and treatment.</li> <li>There may be ongoing daily, weekly, monthly, quarterly health needs that require regular monitoring by a physician, APN or PA.</li> <li>Emergency health care needs receive immediate attention and follow-up.</li> <li>The individual's record contains documentation that follow-up is completed for recommended appointments, lab work, and identified health concerns.</li> <li>A physician, APN or PA may send a letter to the individual indicating test results are within normal range.</li> <li>** / *** Must have health information for the individual which would be pertinent to safely provide services/supports.</li> <li>**Independent Living Skills Development (ILSD)</li> <li>**Employment Services</li> </ul>

9CSR 45-5.010 (3) (D) 1. C.	Individuals obtain dental examinations at intervals recommended for other persons of similar health status and receive follow-up dental treatment as needed.	<ul> <li>The individual receiving residential services shall have an annual dental examination by a dentist and follow-up, unless otherwise recommended by the dentist.</li> <li>"Dental services" means diagnostic, preventative, or corrective procedures provided by or under the supervision of a dentist in the practice of his profession. Centers for Medicare and Medicaid Services 42 CFR Part 440.100</li> </ul>
9CSR 45-5.010 (3) (D) 1. D.	specialized medical services have access to specialists.	Services and any follow-up are obtained with specialists if needed and/or recommended.
9CSR 45-5.010 (3) (D) 1. E.	Individuals are offered support in preparation for medical and dental care.	<ul> <li>The individual is supported in their choices regarding services and supports and who provides them. It will optimize individual initiative, autonomy and independence in making life choices. Centers for Medicare and Medicaid Services 42 CFR Part 441.710</li> </ul>
9CSR 45-5.010 (3) (D) 1. F	Individuals eat well balanced diets appropriate to nutritional needs.	<ul> <li>A balanced variety of healthful foods are available to the individual each day.</li> <li>Individuals have access to food and drink at any time unless restricted by medical order. Centers for Medicare and Medicaid Services 42 CFR Part 441.710, 430, 431, et. al.</li> </ul>
9CSR 45-5.010 (3) (D) 1. G.	Individuals who have special dietary needs have those needs reviewed by a dietary consultant.	<ul> <li>A physician, APN or PA orders a special diet; it is reviewed by a dietary consultant as specified.</li> <li>The provider is knowledgeable of any restrictive, mechanical, and/or specialized dietary needs of the individual(s).</li> <li>There is documentation available for review of staff training specific to an individual's needs.</li> <li>In the absence of a medical order, if an individuals' access is restricted, or if the individual disagrees, there must be evidence of due process. Section 630.115 RSMo</li> </ul>

9CSR 45-5.010 (3) (D) 1. H.	Individuals have options to participate in fitness programs.	• Individuals may have access to health and fitness club memberships, fitness equipment and/or accessories. The fitness routine and schedule is determined by the individual.
9CSR 45-5.010 (3) (D) 1. I.	Individuals' health is protected through measures typically taken to prevent communicable diseases for persons with similar health status.	<ul> <li>Infection control and prevention policies are in accord with current Center for Disease Control (CDC) recommendations.         <ul> <li>These will address, at a minimum, use of body substance precautions and reporting of communicable diseases.</li> </ul> </li> <li>When a communicable disease has been diagnosed, the provider has documentation that appropriate measures have been taken to prevent transmission and that there has been adequate training.</li> <li>During orientation, staff is trained in body substance precautions and agency procedures. The documentation is available for review.</li> <li>Individuals receiving Group Home or Individualized Supported Living (ISL) services must have an annual tuberculin test, unless otherwise ordered by a physician. If a tuberculin test is positive, there must be documentation of ongoing treatment by the physician.</li> <li>Individuals receiving Group Home or ISL services must have a hepatitis B vaccination. Documentation must be maintained that the hepatitis B vaccination was offered and whether the vaccination was taken. If not received, there must be a signed declination.         <ul> <li>***/*********************************</li></ul></li></ul>

9CSR 45-5.010 (3) (D) 1. J.	Individuals participate in making decisions about their health care to the maximum extent of their capacities, and their decisions about their health care are recognized and supported.	Individuals report and/or documentation supports that benefits and potential consequences have been shared with the individual prior to medical/dental treatment or intervention.
9CSR 45-5.010 (3) (D) 1. K.		<ul> <li>Individuals and/or guardians have received the necessary information to make informed decisions regarding prescribed medication.</li> <li>An individual has a right to refuse medications. If an individual refuses medication, documentation shows that the agency has provided supports so that the individual is making an informed choice.</li> <li>Individual(s) and staff have the following information available for review: type of medications; purpose of medications; time to take medications; side effects of medications; how the medication is to be taken; what supports, if any, will be necessary; and how long the medication is to be taken.</li> </ul>

9CSR 45-5.010 (3) (D) 1. L.	Individuals take medications as prescribed.	<ul> <li>A licensed physician, APN or PA prescribes all medications and herbal supplements, except for nonprescription topical medications.</li> <li>All medications have a prescribed dosage and time.</li> <li>There are policies and procedures regarding the medication system for documentation of all medication administered to the individual.</li> <li>All prescribed medications have a side effect profile available for review.</li> <li>When an individual is under the care of several physicians at the same time, all physicians' orders should be kept together and available for review. A comprehensive list of medication should accompany an individual when being seen by a consulting physician.</li> <li>9 CSR 45-3.070 CERTIFICATION of LEVEL I MEDICATION AIDES SERVING PERSON WITH DEVELOPMENTAL DISABILITIES.</li> <li>* The agency will provide a copy of the individual's physician order(s) to the respite or relief provider.</li> <li>**/*** If an individual is not administered medication at these sites, this is not applicable.</li> <li>*Host Home</li> <li>**Independent Living Skills Development (ILSD)</li> <li>**Employment Services</li> </ul>
9CSR 45-5.010 (3) (D) 1. M.	Individuals are supported in safely managing their medications.	<ul> <li>If an individual is learning to take their own medications, this is considered partial participation, but not self-administration. Staff must have oversight of the process.</li> <li>If individuals self-administer medications, authorization to do so must be approved by the team participating in the development of the ISP and documented in the ISP.</li> <li>Self-administration is the act of taking one's own medication. It is demonstrated by the ability to manage ALL aspects of medication administration; this means the medication is in the complete control of the individual receiving the medication.</li> </ul>

Individuals' medications are regularly evaluated to determine their continued effectiveness.	<ul> <li>Medications must be evaluated by the physician, APN or PA at least annually or as needed and orders shall not exceed one year.</li> <li>There must be a signed physician's order in the individual's record.</li> <li>The support staff knows the prescription renewal process.</li> <li>There should be evidence that if medications are not being effective based on the intent of the prescription the individual should be supported in having the physician review the need for continuation of the medication.  **/*** If an individual is not administered medication at these sites, this is not applicable.</li> <li>**Independent Living Skills Development (ILSD)</li> <li>***Employment Services</li> </ul>
Individuals who take medications are supported by people who have received information about the individuals' medical conditions, know how the medications should be taken, and are aware of possible side effects.	<ul> <li>All staff who administer medication must provide documentation of initial and current medication administration training as required by 9 CSR 45-3.070.</li> <li>Medication errors are reported according to 9 CSR 10-5.206 REPORT OF EVENTS.</li> <li>Medications are stored, administered, and disposed of in accordance with generally accepted standards.</li> <li>Registered Nurses who oversee the practice of medication administration and Licensed Practical Nurses who administer medications must maintain a current active license to practice nursing in the State of Missouri. It is the agency's responsibility for ensuring that these staff remain in such status.</li> </ul>

#### SECTION (D) MEETING BASIC NEEDS 2. ASSURING INDIVIDUAL SAFETY

OUTCOME: Individuals' environments are safe while assuring choice and freedoms

	OUTCOME: Individuals' environments are safe while assuring choice and freedoms		
	Certification Principle	Criteria/Guidelines	
9CSR 45-5.010 (3) (D) 2. A.	Individuals receive the degree of supervision consistent with personal ability and the nature of the environment.	Staffing ratios and levels of supervision are identified in the individual's ISP.	
9CSR 45-5.010 (3) (D) 2. B.	Individuals' homes and other environments are clean, safe, and well maintained.	<ul> <li>Individuals' homes and other environments are maintained in a way that ensures their safety and wellbeing; individuals are not living where there is visible filth, insects/pests, or obnoxious smells, such as urine, etc.</li> <li>The agency is responsible for documentation of home maintenance and water temperatures. Water temperatures are maintained at a safe level.</li> </ul>	
9CSR 45-5.010 (3) (D) 2. C.	Individuals' homes and other environments have modifications or adaptations to ensure safety.	<ul> <li>Individuals' homes have modifications and/or adaptations for safety. Modifications and/or adaptations refer to those characteristics of the environment that make it possible for individuals to safely participate in daily life activities to the best of their capabilities.</li> </ul>	
9CSR 45-5.010 (3) (D) 2. D.	Individuals' homes and other environments have passed externally conducted health, safety, and mechanical inspections.	<ul> <li>A site not located on a public water supply, shall have the water inspected annually by a public health agency or state certified laboratory.</li> <li>Any site served by a volunteer fire association or subscription fire department must provide documentation of current contract or proof of membership.</li> <li>Requirements for fire/safety inspections are included in 9 CSR 45-5.110 for ILSD and employment programs; 9 CSR 45-5.130, 5.140 and 5.150 for Group Homes.</li> <li>ISL's and Host Homes do not require an external fire safety inspection.</li> </ul>	

9CSR 45-5.010 (3) (D) 2. E.	Individuals' safety is assured through preventive maintenance of vehicles, equipment, and buildings.	<ul> <li>There is documentation of regular and preventative maintenance performed on agency-owned vehicles, agency-owned equipment and agency-owned buildings.</li> <li>Individualized Supported Living and Host Home sites will have carbon monoxide detectors on each level (with the exception of all-electric buildings without attached garage).</li> <li>Additional requirements related to fire/safety are contained in 9 CSR 45-5.110 and in 9 CSR 45-3.130, 5.140 and 5.150.</li> </ul>
9CSR 45-5.010 (3) (D) 2. F.	Individuals are transported safely.	<ul> <li>There is a plan for staff to follow in case of emergency. The plan shall be accessible and must include 911 and/or local EMS number and the agency's emergency call number.</li> <li>Provider owned vehicles are properly registered, inspected, insured and maintained.</li> <li>Vehicles shall have working seat belts.</li> <li>Vehicles that transport individuals with physical disabilities shall be accessible.</li> <li>Verification of current driver's license must be maintained in personnel files.</li> </ul>
9CSR 45-5.010 (3) (D) 2. G.	Individuals have the option to participate in home repair and maintenance training.	There are opportunities for individuals to participate or have partial participation in home repair or maintenance training.
9CSR 45-5.010 (3) (D) 2. H.	The temperature of individuals' homes is within an accepted comfort range of sixty-eight (68°) to seventy-eight (78°) degrees Fahrenheit.	The temperature of an individual's home is within the accepted comfort range.

9CSR 45-5.010 (3) (D) 2. I.	Individuals are supported in responding to emergencies in a safe manner.	<ul> <li>Individuals have the opportunity to participate in the implementation of the agency's emergency planning and procedures for fire, medical emergency, missing person, tornado, earthquake, flood (if appropriate to area) and others if appropriate to the individual's safety.</li> <li>Staff is knowledgeable about what to do in case of emergencies. Individuals can tell or show how to respond.</li> <li>Individuals have the necessary adaptations to respond to emergency situations.</li> <li>Emergency information and phone numbers are maintained and are accessible.</li> </ul>
9CSR 45-5.010 (3) (D) 2. J.	Individuals participate in emergency drills occurring during daytime, evening, and nighttime hours at least four (4) times annually.	<ul> <li>The following information must be maintained for ISLs and Host Homes:         <ul> <li>3 fire drills; and</li> <li>1 natural disaster drill.</li> </ul> </li> <li>All staff shall participate in drills. Drills shall take place on all shifts. One drill shall be conducted during an individual's hours of sleep.</li> <li>Drills are not required in an ISL if the individual is able to self- evacuate and does not have 24-hour staff supervision.         <ul> <li>Host homes must conduct fire and disaster drills within one week of the arrival of a new resident. Shared Living Manual</li> <li>Additional requirements related to fire/safety are contained in 9 CSR 45-5.110 and in 9 CSR 45-3.130, 5.140 and 5.150.</li> </ul> </li> <li>*Host Home</li> </ul>
9CSR 45-5.010 (3) (D) 2. K.	Individuals are supported or served by staff who are knowledgeable about emergency procedures.	<ul> <li>There are written procedures and documentation of staff training at orientation for meeting emergencies and disasters such as fire, severe weather, missing person, vehicle breakdown, etc.</li> <li>In the event of a medical emergency, the first call should be 911.</li> <li>The agency maintains documentation that staff supporting individuals are knowledgeable and participate in emergency drills and can explain all emergency procedures.</li> <li>Staff are knowledgeable of supports required in the individual's emergency plan and are provided training as the individual's needs change.</li> </ul>

9CSR 45-5.010 (3) (D) 2. L.	Individuals have access to adequate evacuation exits.	<ul> <li>There is at least one means of exit or pathway to an exit on each floor. This is contingent upon the individual(s) mobility and the design of the home.</li> <li>Exits could be doors or windows, but must be accessible and safe for the individual.</li> <li>The means of exit must not be blocked or secured.</li> <li>Exit doors are easily opened.</li> </ul>
9CSR 45-5.010 (3) (D) 2. M.	Individuals have properly marked and easily accessible firefighting equipment in their homes.	<ul> <li>All homes have at least one fire extinguisher accessible in or near the kitchen area.</li> <li>The fire extinguisher(s) has an expiration date or maintenance tag/documentation, and indicator of charge. The fire extinguisher has directions for use on the equipment and is within the expiration date.</li> </ul>
9CSR 45-5.010 (3) (D) 2. N.	Individuals' homes have operating smoke detectors.	<ul> <li>All homes have operable smoke detectors in or near each bedroom and in proximity to the area where an individual or staff sleeps.</li> <li>There is a smoke detector on each level of the home, including basements.</li> </ul>
9CSR 45-5.010 (3) (D) 2. O.	Individuals have adaptive emergency alarm systems based upon need.	<ul> <li>Individuals who cannot react to emergency situations in a safe and expedient manner will have the supports necessary to implement their individual emergency plan.</li> <li>If adaptive alarm systems are in use, there is documentation that they are tested and working.</li> </ul>
9CSR 45-5.010 (3) (D) 2. P.	Individuals have options to take first aid, have access to basic first-aid supplies, or are provided first aid by knowledgeable staff.	<ul> <li>All staff must have certification in first aid, taught by a certified trainer using curricula that is approved by or comparable to National Safety Council, American Red Cross, or American Heart Association with demonstration of competency.</li> <li>All staff must maintain current certification.</li> <li>First-aid supplies are available in each site.</li> </ul>

9CSR 45-5.010 (3) (D) 2. Q.	Individuals are provided cardio pulmonary resuscitation by knowledgeable staff.	<ul> <li>All staff must have certification in cardio pulmonary resuscitation (CPR) taught by a certified trainer using curricula that is approved by or comparable to National Safety Council, American Red Cross, or American Heart Association with demonstration of competency.</li> <li>All staff must maintain current certification.</li> </ul>
9CSR 45-5.010 (3) (D) 2. R.	Individuals incurring injuries or experiencing unusual incidents have the injuries or incidents documented in their files.	<ul> <li>Incident is defined as an occurrence that might have led or did lead to an undesirable outcome.</li> <li>Injury is defined as any physical harm or damage that requires medical treatment more intensive than minor first aid.</li> <li>Incident and injury forms are not kept in the individual's file but in a facility file and copies forwarded to the regional office.</li> </ul>
9CSR 45-5.010 (3) (D) 2. S.	Individuals are supported or served by staff who have pertinent information to facilitate ordinary or emergency notification of family, guardians, or other interested parties.	At a minimum, pertinent health information includes name, healthcare insurance, guardian and provider contact.
9CSR 45-5.010 (3) (D) 2. T.	Individuals' safety is assured by secure storage of materials and equipment necessary for household maintenance.	<ul> <li>Combustible supplies and equipment are stored safely at each site.</li> <li>The individual has recorded in his/her ISP the amount of support needed to safely access storage of materials and equipment necessary for household maintenance.</li> </ul>
9CSR 45-5.010 (3) (D) 2. U.	Individuals and staff use safe and sanitary practices in all phases of food preparation and clean up.	Food preparation and storage areas are sanitary and safe food handling procedures are followed.

9CSR 45-5.010 (3) (D) 2. V.	Individuals who need	Individuals are provided the specialized techniques and equipment necessary for correct
	assistance to eat in an	positioning.
	upright position are	These practices are documented in the ISP.
	provided needed supports and adaptations.	Documentation of staff training is available for review.
9CSR 45-5.010 (3) (D) 2. W.	Individuals use mechanical supports only as prescribed.	<ul> <li>Mechanical supports must be prescribed by a physician, APN or PA.</li> <li>Mechanical supports refer to those items and/or equipment utilized to maintain or enhance an individual's ability to perform daily activities more independently.</li> <li>Staff is knowledgeable about the supports needed and how to use them.</li> <li>Documentation of staff training is available for review.</li> </ul>
9CSR 45-5.010 (3) (D) 2. X.	Individuals use adaptive, corrective, mobility, orthotic and prosthetic equipment that is in good repair.	<ul> <li>Documentation of staff training on the use and maintenance procedures for any equipment and/or device is maintained.</li> <li>Documentation of repairs and ongoing preventive maintenance of equipment is maintained and available for review.</li> </ul>

General Program Procedures		
Section 630.170 RSMo 9 CSR 10-5.190 Criminal Record Review (Revision Pending)	Background Screening of Employees and Volunteers	<ul> <li>The provider shall initiate the criminal background check and inquiries prior to contact with individuals supported.</li> <li>Thereafter, the provider is responsible for ensuring that staff are free of disqualifying felonies or adverse actions by the Department of Health and Senior Services and DMH.</li> </ul>
9 CSR 10-5.200	Report of Complaints of Abuse, Neglect and Misuse of Funds/Property	<ul> <li>Providers must maintain written policies requiring their employees to report events under this regulation and those events identified in 9 CSR 10-5.200.</li> </ul>
9 CSR 10-5.206	Report of Events	<ul> <li>The policies must make clear that administrative or disciplinary sanction may result from failure to report. Providers must ensure that their employees and those that support the agency are educated about the department's notification and reporting requirements. 9 CSR 10-5.206 (2)(A)</li> <li>It is the responsibility of the provider to notify the department with a written or verbal report of all events reportable under this regulation involving the consumers as identified on the report form. 9 CSR 10-5.206 (2) (B)</li> </ul>
9 CSR 10-5.210	Exceptions Committee Procedures	• Request for exceptions should be sent to Exceptions Committee Coordinator, Office of Legal Counsel, Department of Mental Health, PO Box 687, Jefferson City, MO 65102.

#### **Instrument Addendums-Links**

- 9 CSR 45-5.010 Certification of Medicaid Agencies Serving Persons with Developmental Disabilities
- 9 CSR 45-5.060 Procedures to Obtain Certification
- 9 CSR 45-5.105 Definitions for Fire Safety Rules
- 9 CSR 45-5.110 Fire Safety for On-Site Day Habilitation
- 9 CSR 45-5.130 Fire Safety for Residential Habilitation for 4-9 People
- 9 CSR 45-5.140 Fire Safety for Residential Habilitation for 10-16 People
- **9 CSR 45-5.150** Fire Safety for Residential Habilitation for 17 or More People

Link below:

http://www.sos.mo.gov/adrules/csr/current/9csr/9c45-5.pdf

9 CSR 45-3.070 Certification of Medication Aides Serving People with Developmental Disabilities

Link below:

http://www.sos.mo.gov/adrules/csr/current/9csr/9c45-3.pdf

9 CSR 45-3.070 Certification of Medication Aides Serving People with Developmental Disabilities

Link below:

http://www.sos.mo.gov/adrules/csr/current/9csr/9c45-3.pdf

#### **Nurse License Verification**

Link Below

https://www.nursys.com

#### **Nurse Licensure Compact**

Link Below:

https://www.ncsbn.org/nurse-licensure-compact.htm

Revised

January 1, 2015

#### **Instrument Addendums-Links**

9 CSR 10-5.190 Background Screening for Employees and Volunteers

9 CSR 10-5.200 Report of Abuse, Neglect and Misuse of Funds/Property

9 CSR 10-5.206 Report of Events

9 CSR 10-5.220 Privacy Rule of Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Link Below:

http://www.sos.mo.gov/adrules/csr/current/9csr/9c10-5.pdf

Section 334.735.1 RSMo- Physicians and Surgeons--Therapists--Athletic Trainers--Health Care Providers

Link Below:

http://www.moga.mo.gov/mostatutes/stathtml/33400007351.html?&me=334.735

Section 630.110 RSMo-Patients rights - limitations

Link Below:

http://www.moga.mo.gov/mostatutes/stathtml/63000001101.html?&me=630.110

Section 630.115 RSMo - Patient's entitlements--administrative review of violations

Link Below:

 $\underline{http://www.moga.mo.gov/mostatutes/stathtml/63000001151.html?\&me=630.115}$ 

Section 630.170 RSMo -Disqualification for employment because of conviction--appeal process--criminal record review, procedure--registry maintained, when-appeals procedure

Link Below:

 $\underline{http://www.moga.mo.gov/mostatutes/stathtml/63000001701.html?\&me=630.170}$ 

Section 630.192 RSMo - Limitations on research activities in mental health facilities and programs

Link Below:

 $\underline{http://www.moga.mo.gov/mostatutes/stathtml/63000001921.html?\&me=630.192}$ 

Revised

January 1, 2015

#### **Instrument Addendums-Links**

#### **Shared Living Manual**

Link Below:

http://dmh.mo.gov/docs/dd/SharedLivingManual.pdf

#### **Federal Register-Code Federal Regulation**

Links Below:

http://www.ecfr.gov/cgi-bin/ECFR?page=browse

#### **DMH Certification Application**

Link Below:

http://dmh.mo.gov/docs/dd/CertificationApp.pdf

#### **MO Quality Outcomes**

Link Below:

http://dmh.mo.gov/docs/dd/QualityoutMan.pdf

#### **DMH Provider Contract**

Link Below:

http://dmh.mo.gov/docs/dd/POSContract.pdf

#### **Center for Disease Control**

Link Below:

http://www.cdc.gov/

Revised

January 1, 2015

# **Instrument Addendums-Links** DD Waiver Manual Link Below: http://dmh.mo.gov/dd/manuals/waivermanuals.html Revised

January 1, 2015 Comments: